

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G91664

1. Entity Name

MARSH COVE EQUITIES, INC.

FILED

Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90106 001 ***300.00

Principal Place of Business 9551 BAYMEADOWS RD SUITE 4 JACKSONVILLE FL 32256 US	Mailing Address 9551 BAYMEADOWS ROAD #4 JACKSONVILLE FL 32256-7938 US
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2. Principal Place of Business 920 3rd Street Suite, Apt. #, etc. Suite B	3. Mailing Address 920 3rd Street Suite, Apt. #, etc. Suite B
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City & State Neptune Beach, FL	City & State Neptune Beach, FL	4. FEI Number 59-2391575	Applied For Not Applicable
Zip 32266	Country USA	Zip 32266	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALLACE, L D
9471 BAYMEADOWS ROAD
STE 404
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
920 3rd Street
Suite B
City
Neptune Beach FL Zip Code
32266

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [Signature] Agent 3/9/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MCCAULEY, SCOTT L 9551 BAYMEADOWS RD, SUITE 4 JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS WALLACE, L D 9551 BAYMEADOWS RD, SUITE 4 JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 3-27-00 904-242-0666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)